

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

HealthLink HMO, Inc.

NAIC		AIC Company Code	96475 Employer's	ID Number 43-16	616135	
Organized under the Laws of	(Current) (Prior) Missouri	, Sta	te of Domicile or Port of I	Entry	MO	
Country of Domicile		United States of A	merica			
Licensed as business type:	He	ealth Maintenance O	ganization			
Is HMO Federally Qualified? Ye	es[]No[X]					
Incorporated/Organized	07/29/1992		ommenced Business		01/14/1993	
Statutory Home Office	1831 Chestnut Street		5	St. Louis, MO, US 6310	03-2275	
	(Street and Number)			Town, State, Country a		
Main Administrative Office		1831 Chestnut S	reet			
C+	Louis MO LIS 62102 2275	(Street and Num	ber)	214 022 4444		
	Louis, MO, US 63103-2275 own, State, Country and Zip Code)		(A	314-923-4444 rea Code) (Telephone	Number)	
Mail Address	220 Virginia Ave			Indianapolis, IN, US 4	16204	
Wall Address	(Street and Number or P.O. Box)		(City or	Town, State, Country a		
Primary Location of Books and F	Records	220 Virginia A	ve			
,		(Street and Num				
	ndianapolis, IN, US 46204 own, State, Country and Zip Code)	· · · · · · · · · · · · · · · · · · ·	(A	317-488-6716 area Code) (Telephone	Number)	
Internet Website Address		www.healthlink.	com			
Statutory Statement Contact _	Tim Niccum (Name)		·	317-488-6 (Area Code) (Teleph		
	Fim.Niccum@anthem.com	,		317-488-6169	,	
	(E-mail Address)			(FAX Number)		
		OFFICERS	•			
	Amadou NMN Yattassaye Kathleen Susan Kiefer				nt Edward Scher er Lynn Forsythe	
Secretary	Ratilieeti Susaii Rielei		Assistant Secretary	Jermin	er Lynn Forsythe	
Eric (Rick) Kenneth Noble	e, Assistant Treasurer	OTHER				
	DI	RECTORS OR TE	RUSTEES			
Ronald Willian	m Penczek	Amadou NMN Yat	tassaye	Laurie	e Helm Benintendi	
State of	SS:					
	ity being duly sworn, each depose and say					
	exhibits, schedules and explanations there reporting entity as of the reporting period st					
in accordance with the NAIC Ar	nnual Statement Instructions and Accounting ferences in reporting not related to account	ng Practices and Pro	cedures manual except to	o the extent that: (1) sta	ate law may differ; o	r, (2) that state
respectively. Furthermore, the	scope of this attestation by the described of	officers also includes	the related correspondin	g electronic filing with t	the NAIC, when requ	uired, that is an
to the enclosed statement.	g differences due to electronic filing) of the	enclosed statement.	The electronic filing may	be requested by variou	us regulators in lieu o	of or in addition
DocuSigned	1	DocuSigned	by:		DocuSigned by:	
umadou	<u> </u>	kathy k	iver		Vincent E.	Scher
1E33E4C3C1 Amadou Yattass		9A32420BE0 Kathleen Susan h		V	A85A33722D4143	
President	u,o	Secretary	10.01	v	Treasurer	•
			a. Is this an original filing	1?	Yes [X] No [1
Subscribed and sworn to before	me this		b. If no,			
day of _			State the amendment Date filed			
			2 Numerous of manage	attack and		

ASSETS

			Current Statement Date		4		
		1 Apporta	2	Net Admitted Assets	December 31 Prior Year Net Admitted Assets		
	P I	Assets	Nonadmitted Assets	(Cols. 1 - 2)			
1.		11,048,155	0	11,048,155	3,007,132		
2.	Stocks:						
	2.1 Preferred stocks			0	0		
	2.2 Common stocks		0	0	0		
3.	Mortgage loans on real estate:						
	3.1 First liens		0	0	0		
	3.2 Other than first liens		0	0	0		
4.	Real estate:						
	4.1 Properties occupied by the company (less \$						
			0	0	0		
	encumbrances)		0	0	0		
	4.2 Properties held for the production of income (less						
	\$ encumbrances)		0	0	0		
	4.3 Properties held for sale (less \$						
	encumbrances)		0	0	0		
5.	Cash (\$(1,132,218)), cash equivalents						
٥.							
	(\$) and short-term	// /00 0/0	_	// /			
	investments (\$				1,869,490		
6.	Contract loans (including \$ premium notes)				0		
7.	Derivatives		0	0	0		
8.	Other invested assets			0	0		
9.	Receivables for securities				0		
10.	Securities lending reinvested collateral assets				0		
	-						
11.	Aggregate write-ins for invested assets						
12.	Subtotals, cash and invested assets (Lines 1 to 11)	10,620,202	0	10,620,202	4,8/6,622		
13.	Title plants less \$ charged off (for Title insurers						
	only)		0	0	0		
14.	Investment income due and accrued	11,512	0	11,512	7,241		
15.	Premiums and considerations:						
	15.1 Uncollected premiums and agents' balances in the course of collection		0	0	0		
	15.2 Deferred premiums, agents' balances and installments booked but						
	-						
	deferred and not yet due (including \$		_		_		
	earned but unbilled premiums)		0	0	0		
	15.3 Accrued retrospective premiums (\$						
	contracts subject to redetermination (\$		0	0	0		
16.	Reinsurance:						
	16.1 Amounts recoverable from reinsurers		0	0	0		
	16.2 Funds held by or deposited with reinsured companies			0	0		
	16.3 Other amounts receivable under reinsurance contracts			0	0		
17.	Amounts receivable relating to uninsured plans				17,947,031		
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0		
18.2	Net deferred tax asset			14,398	10,952		
19.	Guaranty funds receivable or on deposit		0	0	0		
20.	Electronic data processing equipment and software		0	0	0		
21.	Furniture and equipment, including health care delivery assets						
	(\$		n	0	0		
22	Net adjustment in assets and liabilities due to foreign exchange rates			0	0		
22.	Receivables from parent, subsidiaries and affiliates						
23.					20,729		
24.	Health care (\$) and other amounts receivable				0		
25.	Aggregate write-ins for other than invested assets	8,977	8,977	0	0		
26.	Total assets excluding Separate Accounts, Segregated Accounts and						
	Protected Cell Accounts (Lines 12 to 25)	24,904,716	13,982	24,890,734	22,862,575		
27.	From Separate Accounts, Segregated Accounts and Protected Cell			0	0		
	Accounts			0	0		
28.	Total (Lines 26 and 27)	24,904,716	13,982	24,890,734	22,862,575		
	DETAILS OF WRITE-INS						
1101.							
1102.							
1103.							
			0				
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	0		
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0		
2501.	AR Admin Reimbursements	8,977	8,977	0	0		
2502.							
2503.							
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0		
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	8,977	8,977	0	0		
_ UJJ.	Totalo (Lines 2001 tinough 2000 plus 2000)(Line 20 above)	0,011	0,011	U	U		

LIABILITIES, CAPITAL AND SURPLUS

1	LIABILITIES, CAP	, ,	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)			0	0
2.	Accrued medical incentive pool and bonus amounts		0	0	0
3.	Unpaid claims adjustment expenses		0	0	0
4.	Aggregate health policy reserves, including the liability of				
	\$ for medical loss ratio rebate per the Public				
	Health Service Act	,	0	0	0
5.	Aggregate life policy reserves		0	0	0
6.	Property/casualty unearned premium reserve		_	0	0
7.	Aggregate health claim reserves				0
8.			0		0
	Premiums received in advance				
9.	General expenses due or accrued	330,836	0	350,836	303,873
10.1	. ,				
	(including \$ on realized gains (losses))			333 , 149	100,416
10.2	Net deferred tax liability		0	0	0
11.	Ceded reinsurance premiums payable		0	0	0
12.	Amounts withheld or retained for the account of others		0	0	0
13.	Remittances and items not allocated	817	0	817	38
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)		0	0	0
15.	Amounts due to parent, subsidiaries and affiliates			106,110	0
			_		
16.	Derivatives				0
17.	Payable for securities				0
18.	Payable for securities lending	/04,265	0	/04,265	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)		0	0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies		0	0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates		0	0	0
22.	Liability for amounts held under uninsured plans		0		162,157
23.	Aggregate write-ins for other liabilities (including \$				
	current)	1 352 249	0	1,352,249	1,258,307
24	Total liabilities (Lines 1 to 23)			3,005,024	
	Aggregate write-ins for special surplus funds			0,000,024	
25.					0
26.	Common capital stock				1,000
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				2,499,000
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	19,385,710	18,537,784
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$)	XXX	xxx		
	32.2shares preferred (value included in Line 27				
	\$	YYY	YYY		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)			21,885,710	
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	24,890,734	22,862,575
	DETAILS OF WRITE-INS				
2301.	Escheat liabilities	1,352,249		1,352,249	1,258,307
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,352,249	0		1,258,307
2501.			XXX		
2502.					
2502.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.			XXX		
3002.		XXX	XXX		
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0
	, <u> </u>				-

STATEMENT OF REVENUE AND EXPENSES

		T	ent Year Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX			
2.	Net premium income (including \$ non-health				
	premium income)	XXX			0
3.	Change in unearned premium reserves and reserve for rate credits	XXX			0
4.	Fee-for-service (net of \$ medical expenses)	XXX			0
5.	Risk revenue	XXX			0
6.	Aggregate write-ins for other health care related revenues				45,619
7.	Aggregate write-ins for other non-health revenues				0
8.	Total revenues (Lines 2 to 7)	XXX	9,834	11,311	45,619
	Hospital and Medical:				
9.	Hospital/medical benefits				0
10.	Other professional services				0
11.	Outside referrals				0
12.	Emergency room and out-of-area				0
13.	Prescription drugs				0
14.	Aggregate write-ins for other hospital and medical		0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts				0
16.	Subtotal (Lines 9 to 15)		00	0	0
	Less:				
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		0	0	0
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$401, 130 cost				
	containment expenses				
21.	General administrative expenses		(1,448,570)	(1,700,592)	(6,720,066)
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		22,972	1,917	171,264
26.	Net realized capital gains (losses) less capital gains tax of				
	\$				(3,938)
27.	Net investment gains (losses) (Lines 25 plus 26)		22,972	1,917	167,326
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$)])]				
29.	Aggregate write-ins for other income or expenses		0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	1 080 099	1,286,824	5,213,482
31.	Federal and foreign income taxes incurred			278,151	
32.	Net income (loss) (Lines 30 minus 31)	XXX	847.366	1,008,673	4,124,949
02.	DETAILS OF WRITE-INS	7001	,	1,555,510	.,,
0601.	Provider admin fees	***	9,834	11,311	45 610
0602.			,	11,011	
		XXX			
0603.					^
0698.	Summary of remaining write-ins for Line 6 from overflow page				U
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	9,834	11,311	45,619
0701.		XXX			
0702.		XXX			
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)		0	0	0
2901.					
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	0	n
	, ,		Γ		

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (C	ontinuec	,
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	21,037,784	15,098,001	15,098,001
34.	Net income or (loss) from Line 32	847,366	1,008,673	4, 124, 949
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	6,839	(471,014)	(473,067)
39.	Change in nonadmitted assets	(6,279)	2,286,740	2,287,901
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in			0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	847,926	2,824,399	5,939,783
49.	Capital and surplus end of reporting period (Line 33 plus 48)	21,885,710	17,922,400	21,037,784
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	0	0	0
2.	Net investment income	54,880	23,988	218,698
3.	Miscellaneous income	9,834	11,311	45,619
4.	Total (Lines 1 to 3)	64,714	35,299	264,317
5.	Benefit and loss related payments	0	(2,286,769)	(2,286,769)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	(4,792,106)	1,065,048	4,305,148
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	1,136,696
10			(1,221,721)	3,155,075
10.	Total (Lines 5 through 9)	(4,792,106)		•
11.	Net cash from operations (Line 4 minus Line 10)	4,856,820	1,257,020	(2,890,758)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	0	0	7,500,000
	12.2 Stocks		0	0
	12.3 Mortgage loans	0	0	0
		0		0
	12.5 Other invested assets			0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	7,500,000
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	8,077,202	0	0
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	704,265	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	8,781,467	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(8,781,467)	0	7,500,000
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	0
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders		0	0
	16.6 Other cash provided (applied)	922,938	(684)	(10,562)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	922,938	(684)	(10,562)
	DECONCILIATION OF CASH CASH EQUIVALENTS AND SHORT TERM INVESTMENTS			
10	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS Not change in each cash equivalents and short term investments (Line 11, plus Lines 15 and 17)	(3,001,709)	1,256,336	4,598,680
18.	, , ,	(3,001,709)	1,256,336	4,598,680
19.	Cash, cash equivalents and short-term investments:	1 000 400	(0.700.400)	(9 700 400)
	19.1 Beginning of year	1,869,490	(2,729,190)	(2,729,190)

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

Exhibit of Premiums, Enrollment and Utilization ${f N} \ {f O} \ {f N} \ {f E}$

Claims Payable - Aging Analysis of Unpaid Claims ${f N}$ ${f O}$ ${f N}$ ${f E}$

Underwriting and Investment Exhibit NONE

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2019. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of HealthLink HMO, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Missouri Department of Insurance (the "Department").

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

		SSAP#	F/S Page	F/S Line #		March 31, 2020	De	ecember 31, 2019
Net	Income							
(1)	HealthLink HMO, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$	847,366	\$	4,124,949
(2)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				_			
(3)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:							
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$	847,366	\$	4,124,949
Sur	plus							
(5)	HealthLink HMO, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	21,885,710	\$	21,037,784
(6)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:							
(7)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:				_		_	
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$	21,885,710	\$	21,037,784

B. Use of Estimates in the Preparation of the Financial Statements

No significant change.

C. Accounting Policies

- (1) No significant change.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.

The Company holds 23 SVO-Identified bond exchange trade funds ("ETFs") reported on Schedule D-1 in which the Company has made an irrevocable decision to report at systematic value. Systematic valuation has been consistently applied to those ETFs held at March 31, 2020.

- (3) (5) Not applicable.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) (15) Not applicable.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

- 1. The Company did not have loan-backed securities at March 31, 2020.
- 2. The Company did not recognize OTTI on its loan-backed securities during the three months ended March 31, 2020.
- 3. The Company did not hold OTTI on its loan-backed securities at March 31, 2020.
- 4. The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at March 31, 2020.
- 5. The Company had no impaired loan-backed securities at March 31, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) Not applicable.
- (2) No significant change.
- (3) Collateral Received
 - a. No significant change.
 - b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

702,411

- c. No significant change.
- (4) Not applicable.
- (5) No significant change.
- (6) Not applicable.
- (7) Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at March 31, 2020.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at March 31, 2020.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at March 31, 2020.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at March 31, 2020.

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at March 31, 2020.

O. 5GI Securities

The Company has no 5GI Securities as of March 31, 2020.

P. Short Sales

The Company did not have any short sales at March 31, 2020.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at March 31, 2020.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship

No significant change.

B. Significant Transactions for the Period

No significant change.

C. Intercompany Management and Service Arrangements

No significant change.

D. Amounts Due to or from Related Parties

At March 31, 2020, the Company reported \$0 due from affiliates and \$106,110 due to affiliates. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. - O.

No significant change.

11. Debt

Not applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.	Defined Benefit Plan
	Not applicable.
B.	Not applicable.
C.	Not applicable.
D.	Not applicable.
E.	Defined Contribution Plans
	Not applicable.
F.	Multiemployer Plans
	The Company does not participate in a multiemployer plan.
G.	Consolidated/Holding Company Plans
	No significant change.
Н.	Post Employment Benefits and Compensated Absences
	Not applicable.
I.	Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
	Not applicable.
13. Ca	pital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No	significant change.
14. Lia	abilities, Contingencies and Assessments
A.	Contingent Commitments
	No significant change.
В.	Assessments
	(1) - (2)
	No significant change.
C	F.
	No significant change.
15. Le	ases

Not applicable.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

- (1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At March 31, 2020 the fair value of securities loaned was \$689,522 and the carrying value of securities loaned was \$716,984.
- (2) (7) Not applicable.

C. Wash Sales

- 1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- 2. At March 31, 2020, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

No significant change.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

No significant change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Fair Value Measurements

A. There are no assets or liabilities measured at fair value as of March 31, 2020.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Practicable (Carrying Value)
Bonds	\$ 10,947,312	\$ 11,048,155	\$10,111,931	\$ 835,381	\$	\$ —	s —
Securities lending collateral asset	702,411	704,265	_	702,411	_	_	_

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate at fair value.

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

A. Unusual or Infrequent Items

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The full impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, and decreases in the fair value of certain investments, as well as possible impacts to liquidity. The outbreak is still evolving and thus there is significant uncertainty as to its ultimate impacts on the Company.

B. - I.

No significant change.

22. Events Subsequent

Subsequent events have been considered through May 13, 2020 for the statutory statement issued on May 13, 2020. There were no events occurring subsequent to March 31, 2020 requiring recognition or disclosure.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

No

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability3. Was anticipated investment income utilized in the calculation?

\$		
	March 31	, 2020
Yes	No	X

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 	1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?					
reporting entity? If yes, date of change: Is the reporting entity a member of an insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Have there been any substantial changes in the organizational chart since the prior quarter end? If yes, complete schedule Y, Parts 1 and 1A. Have there been any substantial changes in the organizational chart since the prior quarter end? If the response to 3.2 is yes, provide a brief description of those changes. NA Is the reporting entity publicly traded or a member of a publicly traded group? If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. If yes, complete and file the merger history data file with the NAC. If yes, complete and file the merger history data file with the NAC. If yes, complete and file the merger history data file with the NAC. If yes, complete and file the merger history data file with the NAC. If yes, provide the name of the entity, NAC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has cessed to exist as a result of the merger or consolidation. Name of Entity NAMC Company Code If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attempting the yes, attach an explanation. If yes, attach an explanation. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attempting the yea, attach an explanation. If yes, attach an explanation. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date is actual to the date of the examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the	1.2	If yes, has the report been filed with the domiciliary state?				Yes [No []
3.1 Is the reporting entity a member of an insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? 3.3 If the response to 3.2 is yes, provide a brief description of those changes. N/A 3.4 Is the response to 3.2 is yes, provide a brief description of those changes. N/A 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 4.1 Has the reporting entity been a party to a member of a publicly traded group? 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has cessed to exist as a result of the merger or consolidation. 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has cessed to exist as a result of the merger or consolidation. 4.1 NAIC Company Code State of Domicile 4.2 If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 4.2 If yes, attach are explanation. 5. State as of what date the latest financial examination of the reporting entity was made or is being made. 5. State he as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examination report been accounted for in a subsequent financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement adjustme	2.1					Yes [No [X]
is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. 2. Have there been any substantial changes in the organizational chart since the prior quarter end? 3.3 If the response to 3.2 is yes, provide a brief description of those changes. N/A 3.4 Is the response to 3.2 is yes, provide a brief description of those changes. N/A 3.5 If the response to 3.4 is yes, provide a brief description of those changes. N/A 3.6 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1.6 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1.7 If yes, complete and file the merger history data file with the NAIC. 1.8 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1.9 In Amer of Entity 1.0 NAIC Company Code 1.0 State of Entity 1.0 NAIC Company Code 1.0 State of Domicile 1.1 If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 1.7 Yes a late an explanation. 1.0 State as of what date the latest financial examination of the reporting entity was made or is being made. 2.1 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the released acts or completion date of the examination report been accounted for in a subsequent financial statement leady substances w	2.2	If yes, date of change:					
If the response to 3.2 is yes, provide a brief description of those changes. NA 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 4.2 If yes, provide the name of the entity, NAIC Company Code and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 6. State as of what date the latest financial examination of the reporting entity that agreement or principals involved? 7. Yes If yes, attach an explanation. 6. State as of what date the latest financial examination of the reporting entity that the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 6. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report dan not the date of the examination (balance sheet date). 6. By w	3.1	is an insurer?	consisting of two or more affiliated	persons, one or more	e of which	Yes [X]	No []
If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1	3.2	Have there been any substantial changes in the organizational chart since	the prior quarter end?			Yes [No [X]
1. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? 1. If yes, complete and file the merger history data file with the NAIC. 1. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1. Name of Entity 1. NAIC Company Code 1. State of Domicile 1. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? 1. State as of what date the latest financial examination report became evailable from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 2. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 2. We shall be a soft department or departments? 2. Missouri Department Of Insurance 3. Have all of the recommendations within the latest financial examination report been accounted for in a subsequent financial statement filled with Departments? 3. Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? 2. If response to 8.1 is yes, please identify the name of the bank holding company. 3. Is the company affiliated with one or more banks, thrifts or securities firms? 3. If the company affiliates regulat	3.3						
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1	3.4	Is the reporting entity publicly traded or a member of a publicly traded group	p?			Yes [X]	No []
If yes, complete and file the merger history data file with the NAIC. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Name of Entity	3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issu	ed by the SEC for the entity/group.			0001	156039
ceased to exist as a result of the merger or consolidation. Name of Entity	4.1		e period covered by this statement?			Yes [No [X]
Name of Entity NAIC Company Code State of Domicile 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?	4.2		omicile (use two letter state abbrevi	ation) for any entity th	at has		
in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?		·					
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 6.4 By what department or departments? 6.5 Missouri Department of Insurance 6.6 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? 6.6 Have all of the recommendations within the latest financial examination report been complied with? 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? 7.2 If yes, give full information: 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	5.	in-fact, or similar agreement, have there been any significant changes rega	d-party administrator(s), managing arding the terms of the agreement o	general agent(s), attor r principals involved?	rney- Yes [] No []	() N/A [
date should be the date of the examined balance sheet and not the date the report was completed or released. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). By what department or departments? Missouri Department Of Insurance Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? If yes, give full information: Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company. If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	6.1	State as of what date the latest financial examination of the reporting entity	was made or is being made		<u>-</u>	12/31/2017	
the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). By what department or departments? Missouri Department Of Insurance 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Have all of the recommendations within the latest financial examination report been complied with? Yes Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? If yes, give full information: Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company. Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	6.2					12/31/2017	
Missouri Department Of Insurance Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Have all of the recommendations within the latest financial examination report been complied with? ———————————————————————————————————	6.3	the reporting entity. This is the release date or completion date of the exam	nination report and not the date of th	ne examination (balan	ce sheet	07/10/2019	
7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? 7.2 If yes, give full information: 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.		Missouri Department Of Insurance Have all financial statement adjustments within the latest financial examina] No [] N/A [X
revoked by any governmental entity during the reporting period? 7.2 If yes, give full information: 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	6.6	Have all of the recommendations within the latest financial examination rep	port been complied with?		Yes [] No [] N/A [X
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	7.1						
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 	7.2	If yes, give full information:					
8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	8.1	8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?					
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	8.2	3.2 If response to 8.1 is yes, please identify the name of the bank holding company.					
regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	8.3	8.3 Is the company affiliated with one or more banks, thrifts or securities firms?					
	8.4	regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office	ce of the Comptroller of the Currence	y (OCC), the Federal			
<u> </u>		· · · · · · · · · · · · · · · · · · ·				6 SEC	

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	sonal and professiona		Yes [)	(] No []
9.11	If the response to 9.1 is No, please explain:					
9.2 9.21	Has the code of ethics for senior managers been amended?			Yes [] No [>	(]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [] No [)	(]
	FINANCIAL					
10.1 10.2						
	INVESTMENT					
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:			Yes [] No [)	(]
12. 13. 14.1 14.2	Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following:		\$			
		1 Prior Year-End Book/Adjusted Carrying Value		В	2 urrent Quar ook/Adjusto arrying Val	ed
14.21	Bonds	\$	0			
14.22	Preferred Stock	\$	0	\$		
14.23	Common Stock	\$	0	\$		
	Short-Term Investments					
	Mortgage Loans on Real Estate					
	All Other					
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)					
15 1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			l seV	1 No [Y	/ 1
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.					
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement dat	e:				
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		\$	j	702	2,411
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, P					

GENERAL INTERROGATORIES

7.1	Outsourcing of Critical	ith a qualified bank of Functions, Custodia	r trust company in accordar or Safekeeping Agreements uirements of the NAIC Finan	nce with Section 1 s of the NAIC Fina	, III - General Ex ancial Condition	Examiners F	onsiderations, F. landbook?	Yes	[X]	No [
		1	- (-)			2				
	JP Morgan Chase Bank	, N.A	an(s)	383 Madison A	ve, New York, N	10179	ess			
7.2	For all agreements that location and a complete		the requirements of the NAI		tion Examiners I	Handbook, p	rovide the name,			
	1 Name(s)	2 Location(s)			3 nplete Expla	· /			
7.3 7.4	Have there been any of lf yes, give full information		me changes, in the custodia	n(s) identified in		urrent quarte	er?	Yes	[]	No [X
	1 Old Custo	dian	2 New Custodian	Date o	3 of Change		4 Reason			
7.5	make investment decis	sions on behalf of the	etment advisors, investment a reporting entity. For assets ent accounts"; "handle seco	that are managed						
	Anthon Inc	Name of Firm or		Affiliat						
	Loomis, Sayles & Com	pany, LP		U						
	17.5097 For those firm	ıs/individuals listed ir	the table for Question 17.5, ore than 10% of the reporting	do any firms/indi	/iduals unaffiliat	ed with the re	eporting entity (i.e.	Yes	[]	No [X
	17.5098 For firms/indiv total assets u	viduals unaffiliated winder management aç	th the reporting entity (i.e. de	esignated with a " of the reporting en	J") listed in the t tity's invested as	able for Que	stion 17.5, does the	Yes	[]	No [X
7.6	For those firms or individual table below.	viduals listed in the ta	able for 17.5 with an affiliation	n code of "A" (affi	iated) or "U" (un	affiliated), pr	ovide the information for t	he		
	1 Central Registration		2		3		4		Inves Manag	tment gement ement
	Depository Number		ame of Firm or Individual		Legal Entity Ide		Registered With Securities Exchange			Filed
	105377	Loomis, Sayles & Co	mpany, LP		IIZPN2RX3UMNOYII	01313	Commission		NO	
3.1 3.2		irements of the Purpo	oses and Procedures Manua		estment Analysis	Office been	followed?	Yes	[X]	No [
9.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to permit vailable. r is current on all con an actual expectatio	rting entity is certifying the fo a full credit analysis of the se tracted interest and principal n of ultimate payment of all of securities?	ecurity does not e I payments. contracted interes	kist or an NAIC (CRP credit ra	ating for an FE or PL	Yes	[]	No [X
	By self-designating PL	GL securities the ren								
0.	b. The reporting er c. The NAIC Desig on a current priv d. The reporting er	s purchased prior to tity is holding capital nation was derived fr ate letter rating held tity is not permitted t	orting entity is certifying the lanuary 1, 2018. commensurate with the NAI om the credit rating assigned by the insurer and available to share this credit rating of the GI securities?	C Designation re d by an NAIC CR for examination b he PL security wit	ported for the ser or in its legal cap y state insurance on the SVO.	curity. acity as a NF e regulators.	RSRO which is shown	Yes	[]	No [X

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent					0.0 %	
	1.2 A&H cost containment percent					0.0 %	
	1.3 A&H expense percent excluding cost containment expenses					0.0 %	
2.1	Do you act as a custodian for health savings accounts?		Yes [] No	[X]]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	5					
2.3	Do you act as an administrator for health savings accounts?		Yes [] No	[X]]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$	3					
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes [X] No	[]]	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?		Yes [] No	[]	1	

Ol A II	Name Date and a second	T	V4- D-4-
Snowing All	New Reinsurance	Treaties - Current	Year to Date

		Showing All New Reinsura	nce Treaties	- Current Ye	ar to Date			
1 NAIC Company	2 ID	Effective	5 Domiciliary	6 Type of Reinsurance	7 Type of Business	8	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer
Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Rating
	· · · · · · · · · · · · · · · · · · ·							
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only Federal Employees Life and Health Annuity Property/ Casualty Active Accident and **Benefits** Premiums & Total Health Other Columns 2 Status Medicaid Program Deposit-Type Premiums States, etc (a) Title XVIII Title XIX Premiums Consideration Premiums Through 7 Contracts 1. Alabama ALN. Alaska 2. ΑK N 0 3. Arizona ΑZ N. .0 4. Arkansas AR N 0 California 5. CA N 0 6. Colorado 0 CO N Connecticut 7. CT N 0 8. Delaware 0 DE N. District of Columbia . DC 9. N 0 10. Florida. FL N. 0 Georgia .. 11. GΑ N 0 12. Hawaii .. ΗΙ Ν. .0 13. Idaho .. ID N 0 Illinois 14. Ш 1 0 15. Indiana . IN N 0 16. lowa .. IΑ N 0 17. Kansas KS N. 0 18. Kentucky. ΚY N 0 Louisiana 19. LA N. 0 20. Maine. MF N 0 21. Maryland . MD N. .0 22. Massachusetts ... MA N 0 23. Michigan . MI N 0 24. Minnesota 0 MN N Mississippi 25. MS N 0 26. Missouri . MO .L 0 27. Montana MT N 0 28. Nebraska. NE .N. .0 29. Nevada .. NV N 0 30. New Hampshire NH N 0 31. New Jersey .. . NJ N 0 32. New Mexico NM N 0 33. New York .. NY N. 0 North Carolina ... 34. NC N 0 35. North Dakota ND . N. 0 36. Ohio. ОН N 0 Oklahoma 37. OK .N. .0 38. Oregon .. OR N 0 39. Pennsylvania PA N 0 40. Rhode Island 0 RI N South Carolina 41. SC N 0 42. South Dakota .. 0 SD N. 43. Tennessee TN N 0 44. Texas TX N. 0 45. Utah ... UT N 0 46. Vermont. VT N. .0 47. Virginia .. VA N 0 48. Washington. WA N 0 West Virginia 49. . WV N 0 50. Wisconsin WI N 0 51. Wyoming. WY N. 0 American Samoa AS 52. N 0 53. Guam .. GU N. .0 Puerto Rico .. 54. PR N 0 55. U.S. Virgin Islands ... VI N 0 Northern Mariana 56. N 0 Islands MP 57. Canada CAN N 0 Aggregate Other 58. 0 0 0 0 0 0 OT XXX 0 0 59. Subtotal XXX 0 0 0 0 0 0 0 0 Reporting Entity 60. Contributions for Employee Benefit Plans XXX 61. Totals (Direct Business) 0 0 0 0 0 0 0 0 XXX **DETAILS OF WRITE-INS** 58001. XXX 58002. XXX 58003 58998. Summary of remaining write-ins for Line 58 from overflow page ..0 ..0 ..0 .0 .0 .0 ..0 .0 XXX Totals (Lines 58001 through 58003 plus 58998)(Line 58 58999 0 0 0 0 0 0 above) XXX 0 0

R - Registered - Non-domiciled RRGs.

Q - Qualified - Qualified or accredited reinsurer.

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0

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L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.

N - None of the above - Not allowed to write business in the state.

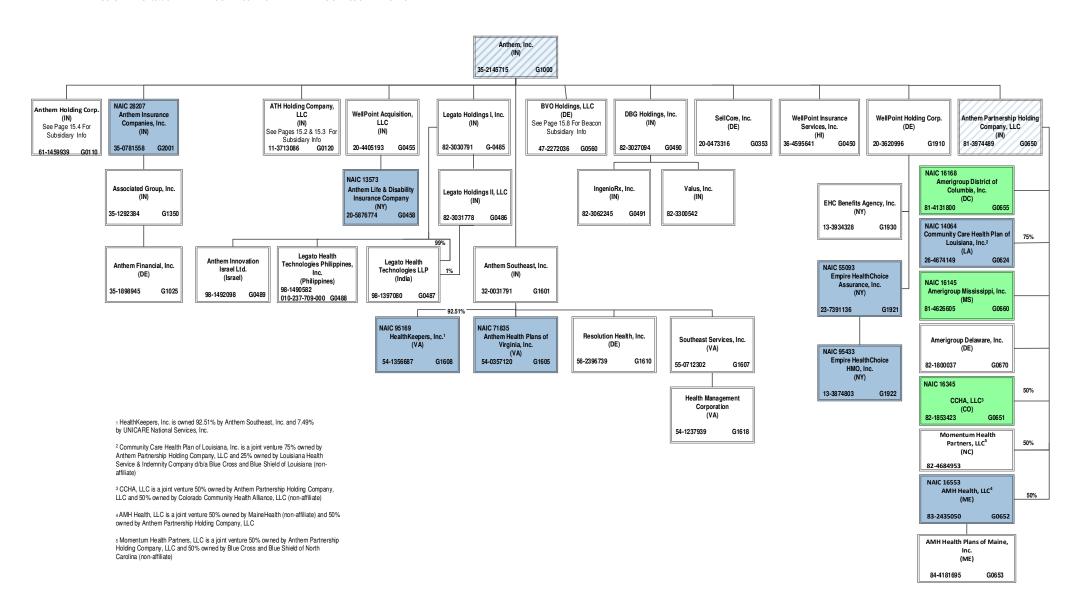
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

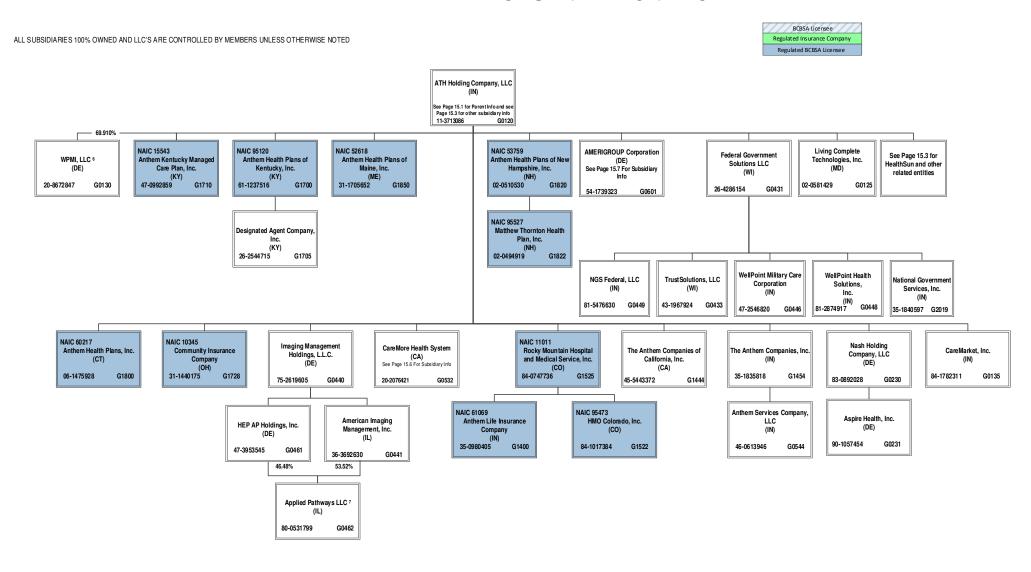
BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee

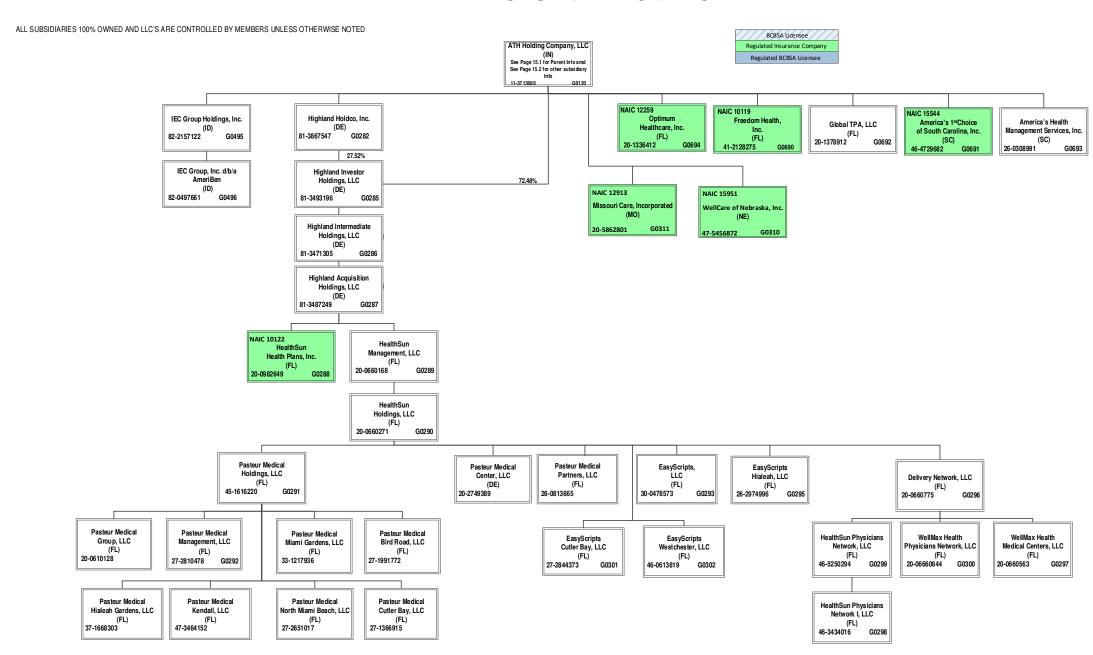
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

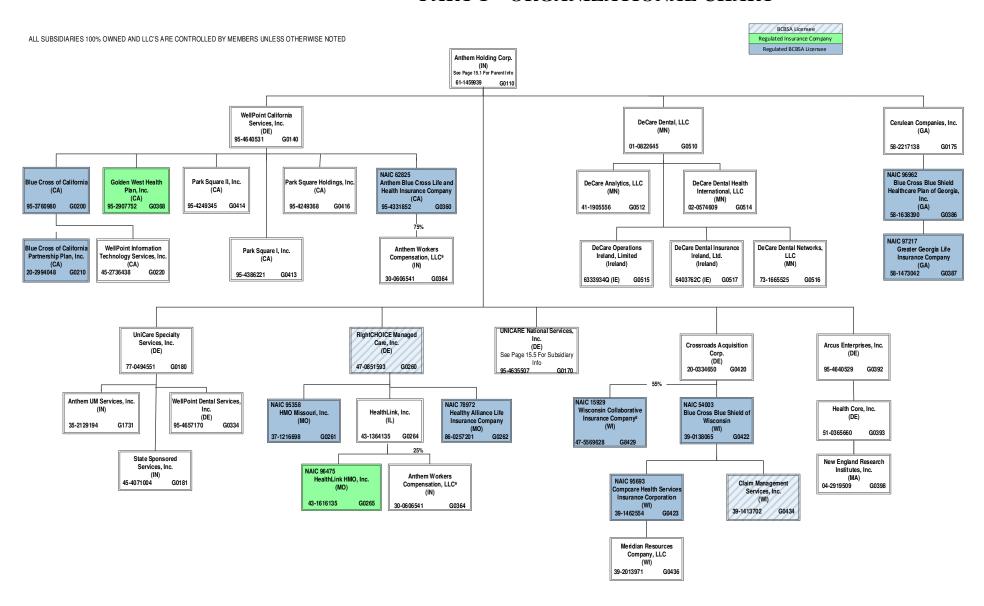




^{6 30.09%} of WPMI, LLC is owned by unaffiliated investors

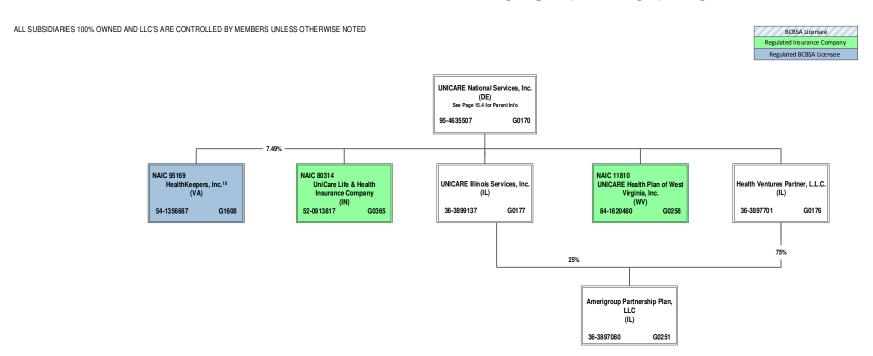
⁷ Applied Pathways LLC is owned 53.52% by AIM and 46.48% by HEP AP Holdings, Inc.





 $^{^8}$ 45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

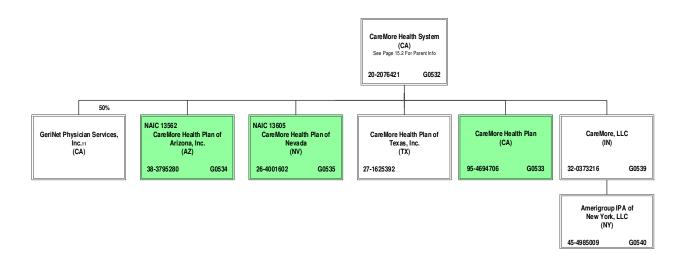
⁹ Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.



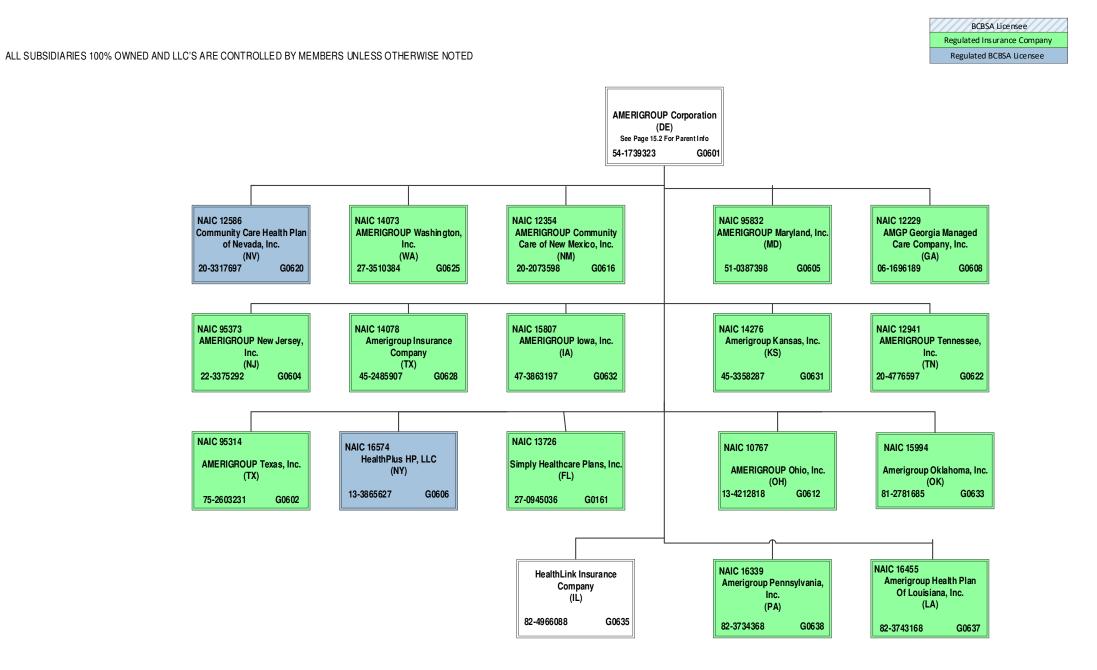
¹⁰ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

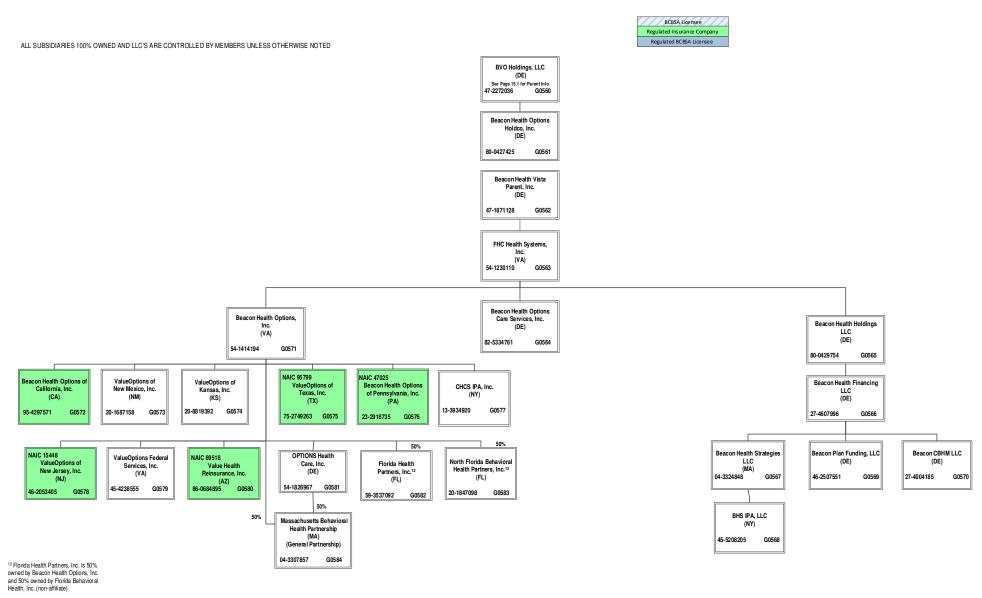
BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



GeriNet Physician Services, Inc. is owned 50% by CareMore Health System and 50% by Health Essentials Acquisition Corporation (non-affiliate)





¹³ North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
. 0671	Anthem. Inc.	Code	36-3692630	NOOD	0001156039	international)	American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem. Inc.	N (17/N)	+
	Airtheil, mc.		. 30-3092030		0001130039		America's 1st Choice of South Carolina, Inc.		NIA	I maying management hordings, L.L.C.	owner strip	100.000	Artthem, mc.		
0671	Anthem. Inc.	15544	46-4729682		0001156039		America's ist choice or south caroffila, inc.	SC	IA	ATH Holding Company, LLC	Ownership	100,000	Anthem. Inc.	N	
0671	Anthem. Inc.		26-0308991		0001156039		America's Health Management Services, Inc	SC	NIA	ATH Holding Company, LLC	Ownership.	100.000	Anthem. Inc.	N N	
	Author, Tho.		20 0000001				AMERIGROUP Community Care of New Mexico, Inc			Ann nording company, LEC	omor on p.		Transfer in the control of the contr		
0671	Anthem. Inc.	12354	20-2073598		0001156039		, , , , , , , , , , , , , , , , , , , ,	NM	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		54-1739323		0001156039		AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 82-1800037		0001156039		AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16168	81-4131800	.	0001156039		Amerigroup District of Columbia, Inc	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16455	82-3743168		0001156039		Amerigroup Health Plan of Louisiana, Inc	LA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	14078	45-2485907	.	0001156039		Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15807	47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	.	. 45-4985009	.	0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	14276	45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95832	51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15994	81-2781685		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	A
0671	Anthem, Inc.		. 36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16339	. 36-3897080 82-3734368		0001156039 0001156039		Amerigroup Partnership Plan, LLC	IL PA	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.	NNN.	
	Anthem, Inc.	12941	20-4776597		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA IA	AMERIGROUP Corporation	. Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	95314	75-2603231		0001156039		AMERIGROUP Tennessee, Inc.	TX	I A	AMERIGROUP Corporation AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	NN	
0671	Anthem, Inc.		27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	. GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	NN	
0671	Anthem, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem. Inc.	N	0102
0671	Anthem. Inc.		84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	NIA	AMH Health, LLC	Ownership	100.000	Anthem, Inc.	N.	0102
	Author, mo.		. 01 1101000				Anthem Blue Cross Life and Health Insurance			The Trout til, LEC	omici dirip		Turtion, mo.		
0671	Anthem. Inc.	62825	95-4331852		0001156039		Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100,000	Anthem. Inc.	N	
0671	Anthem, Inc.	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	71835	. 54-0357120	. 40003317	. 0001156039		Anthem Health Plans of Virginia, Inc	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	60217	06-1475928	.	0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	.
0671	Anthem, Inc.		. 61–1459939		0001156039		Anthem Holding Corp.	IN	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
	l	I	l	1	1	New York Stock Exchange		1							
0671	Anthem, Inc.		. 35-2145715		0001156039	(NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	N	
0671	Anthem, Inc.	28207	. 98-1492098	.	0001156039		Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	-{
0671	Anthem, Inc.		. 35-0781558		0001156039		Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	13573	47-0992859	-	0001156039		Anthem Kentucky Managed Care Plan, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	135/3	. 20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem, Inc.	N	
0074	Andhan Inc	01000	05 0000405	1	0004450000		A-4b 1:f- 1 0	1	1.4	Rocky Mountain Hospital and Medical	0	100.000	A-About Inc	N	
0671	Anthem, Inc.	61069	35-0980405 81-3974489		0001156039 0001156039		Anthem Life Insurance Company	IN DE	IA NIA	Service, Inc.	Ownership Ownership	100.000	Anthem, Inc.	N N	·····
0671	Anthem, Inc.		. 81-3974489 . 46-0613946		0001156039		Anthem Partnership Holding Company, LLC		NIA	The Anthem Companies, Inc.	Ownership Ownership	100.000	Anthem, Inc.	NN	1
0671	Anthem, Inc.		. 32-0031791		0001156039		Anthem Services Company, LLC Anthem Southeast, Inc.	IN	NIA	Anthem. Inc.	Ownership	100.000	Anthem. Inc.		
0671	Anthem, Inc.		35-2129194	1	0001156039		Anthem UM Services, Inc.	IN IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem. Inc.	N N	1
1 100	Antingii, Mc.		. 00-2128184	1	600011000		ATTURENT ON SETVICES, THE.		NIA	Anthem Blue Cross Life and Health Insurance			AITTIGII, THE.		
0671	Anthem. Inc.	1	30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	75.000	Anthem. Inc.	N	0109
0671	Anthem. Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem Inc.	N.	0109
0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership	53.520	Anthem, Inc.	N	0109
0671	Anthem, Inc.		. 80-0531799		0001156039		Applied Pathways, LLC	L	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Anthem, Inc.	N	0108
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	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem. Inc.	Code	95-4640529	KOOD	0001156039	international)	Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 90-4040529		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem Inc	N	
0671	Anthem, Inc.		. 11-3713086		0001156039		ATH Holding Company, LLC	IN	NIA	Anthem. Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem. Inc.	N.	
0671	Anthem. Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Ownership	100,000	Anthem. Inc.	N	
0671	Anthem, Inc.		80-0427425		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 82-5334761		0001156039		Beacon Health Options Care Services, Inc	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4297571	.	0001156039		Beacon Health Options of California, Inc	CA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc	PA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	.	80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	BVO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco, Inc	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 45–5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	96962	58-1638390		0001156039		Georgia. Inc.	GA	IA	Cerulean Companies. Inc.	Ownership	100.000	Anthem. Inc.	N.	
0671	Anthem, Inc.		39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem. Inc.	N	0101
	Airtheil, Ilic.		. 33-3700300		0001130033		Blue Cross of California Partnership Plan.	un	I/N	erironit carrionna services, nic.	Owner strip		Airtheil, Ilic.		
0671	Anthem. Inc.		20-2994048		0001156039		Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem. Inc.	N	0101
0671	Anthem, Inc.		. 47-2272036		0001156039		BVO Holdings, LLC	DE	NIA	Anthem. Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		84-1782311		0001156039		CareMarket, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N.	
0671	Anthem. Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100,000	Anthem. Inc.	N	0101
0671	Anthem, Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 58-2217138		0001156039		Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
0671 0671	Anthem, Inc.	16345	82-1853423		0001156039 0001156039		CCHA, LLC	CO	IA NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N N	0102
00/1	Anthem, Inc.				0001106039		Community Care Health Plan of Louisiana. Inc	NY	NIA	Beacon Health Options, Inc.	Uwnersnip	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	14064	26-4674149		0001156039		Community care nearth Plan of Louislana, Inc	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem. Inc.	N	0104
0671	Anthem. Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV NV	ΙΔ	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N N	0 104
0671	Anthem, Inc.		31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
1 100	mittion, mo.						Compare Health Services Insurance		In	Third Torong Company, LLC	Omior only		/urtion, mo.		
0671	Anthem. Inc.	95693	39-1462554	l	0001156039		Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	-	. 20-0660775		0001156039		Delivery Network, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	-	. 26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 27-2844373 26-2974996		0001156039 0001156039		EasyScripts Cutler Bay, LLC	FL	NIA NIA	HealthSum Holdings, LLC	Ownership Ownership	100.000	Anthem Inc.	NN	
0671	Anthem, Inc.		. 30-0478573		0001156039		EasyScripts LLC	FL FL	NIA	HealthSun Holdings, LLC HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	NN.	
0671	Anthem, Inc.		. 46-0613819		0001156039		EasyScripts UEC	FL	NIA	HealthSun Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N.	
I /JU/	mittivili, IIIV	.	51 001 00 00		פטטטווטטט		Lasyout this liestollestel , LLC	. 1 1 1 1 1 1 1	INI M	I riva i triouri rivi u riyo, LLV	Tomici silip		mittion, 1110	IV	

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
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-	_									Type	If			
										of Control	Control			
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					Name of Securities			Relation-		Board,	Owner-		SCA	
					Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem, Inc.		13-3934328			EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	55093	23-7391136			Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95433	13-3874803			Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	N	.]
0671	Anthem, Inc.		26-4286154			Federal Government Solutions, LLC	WI	NI A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		54-1230110			FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		59-3537092			Florida Health Partners, Inc.	FL	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	0112
0671	Anthem, Inc.	10119	41-2128275			Freedom Health, Inc.	FL	IA	ATH Holding Company, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		33-0884790	0001156039		GeriNet Physician Services, Inc.	CA	NIA	CareMore Health System	Ownership	50.000	Anthem, Inc.	N	0102
0671	Anthem, Inc.		20-1378912			Global TPA, LLC	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-2907752	0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	N	0101
									Blue Cross Blue Shield Healthcare Plan of	1				
0671	Anthem, Inc.	97217	58-1473042	0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		51-0365660	0001156039		Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		54-1237939			Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		36-3897701			Health Ventures Partner, L.L.C.	IL	NI A	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95169	54-1356687			HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	N	
0671	Anthem, Inc.	95169	54-1356687			HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	Anthem, Inc.	N	
0671	Anthem, Inc.	96475	43-1616135			HealthLink HMO, Inc.	MO	RE	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem, Inc.		43-1364135			HealthLink, Inc.	IL	UDP	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-4966088			HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16574	13-3865627			HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	0100
0671	Anthem, Inc.	10122	20-0982649			HealthSun Health Plans, Inc.	FL	IA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0660271			HealthSun Holdings, LLC	FL	NIA	HealthSun Management, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0660168			HealthSun Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-5250294			HealthSun Physicians Network, LLC	FL	NI A	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-3434016			HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	78972	86-0257201			Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	. Anthem, Inc.	N	
0671	Anthem, Inc.		47-3953545			HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-3867547			Highland Holdco, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	. Anthem, Inc.	N	
0671	Anthem, Inc.		81-3487249			Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership		Anthem, Inc.	N.	
0671	Anthem, Inc.		81-3471305			Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	. Anthem, Inc.	N	
0671	Anthem, Inc.		81-3493196			Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	72.480	Anthem, Inc.	N.	0107
0671	Anthem, Inc.		81-3493196			Highland Investor Holdings, LLC	DE	NIA	Highland Holdco, Inc.	Ownership	27.520	Anthem, Inc.	N	0107
									Rocky Mountain Hospital and Medical					
0671	Anthem, Inc.	95473	84-1017384			HMO Colorado, Inc.	CO	IA	Service, Inc.	Ownership	100.000	. Anthem, Inc.	N.	
0671	Anthem, Inc.	95358	37-1216698			HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem, Inc.		82-2157122			IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	. Anthem, Inc.	N.	
0671	Anthem, Inc.		82-0497661			IEC Group, Inc. d/b/a AmeriBen	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		75-2619605			Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3062245			IngenioRX, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		98-1397080			Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	0105
						Legato Health Technologies Philippines, Inc.								
0671	Anthem, Inc.		98-1490582				PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N.	0106
0671	Anthem, Inc.		82-3030791			Legato Holdings I, Inc.	IN	NI A	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3031178			Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem, Inc.		02-0581429			Living Complete Technologies, Inc	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	. Anthem, Inc.	N	
0671	Anthem, Inc.		04-3307857			Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N.	0111
0671	Anthem, Inc.		04-3307857	0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Anthem, Inc.	N	0111
			Ì				1		Anthem Health Plans of New Hampshire, Inc.	1			1	1
0671	Anthem, Inc.	95527	02-0494919	0001156039		Matthew Thornton Health Plan, Inc.	NH	IA		Ownership	100.000	Anthem, Inc.	N	
			Ì				1		Compcare Health Services Insurance	1			1	
0671	Anthem, Inc.		39-2013971			Meridian Resource Company, LLC	WI	NIA	Corporation	Ownership	100.000	. Anthem, Inc.	N	
0671	Anthem, Inc.	12913	20-5862801	0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	l	82-4684953	0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem. Inc.	N	0102

	PART TA - DETAIL OF INSURANCE HULDING CUMPANT STSTEM														
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						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		35-1840597		0001156039		National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-5476630		0001156039		NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
							North Florida Behavioral Health Partners,	_							
0671 0671	Anthem, Inc.	12259	20-1847098 20-1336412		0001156039 0001156039		Inc. Optimum Healthcare, Inc.	FL	NIA	Beacon Health Options, Inc.	Ownership Ownership	50.000	Anthem, Inc.	N N	0113
0671	Anthem, Inc.	12259	54-1826967		0001156039		OPTIONS Health Care, Inc.	FL DE	IA NIA	ATH Holding Company, LLC Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Owner ship	100.000	Anthem. Inc.	NN.	
0671	Anthem, Inc.		95-4386221		0001156039		Park Square I. Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-1991772		0001156039		Pasteur Medical Birds Road, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		45-1616220		0001156039		Pasteur Medical Holdings, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671 0671	Anthem, Inc.		27-2810478 33-1217936		0001156039 0001156039		Pasteur Medical Management, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem. Inc.		27-2651017		0001156039		Pasteur Medical Miami Gardens, LLC Pasteur Medical North Miami Beach, LLC	FL	NIA NIA	Pasteur Medical Holdings, LLC	Ownership Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	HealthSun Holdings, LLC	Owner ship	100.000	Anthem Inc	N	
0671	Anthem. Inc.		56-2396739		0001156039		Resolution Health. Inc.	DE	NIA	Anthem Southeast Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	UIP	Anthem Holding Corp.	Ownership	100.000	Anthem. Inc.	N	
	,						Rocky Mountain Hospital and Medical Service,						,		
0671	Anthem, Inc.	11011	84-0747736		0001156039		Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		55-0712302		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671 0671	Anthem, Inc.		35-1835818 45-5443372		0001156039 0001156039		The Anthem Companies, Inc.	IN CA	NIA NIA	ATH Holding Company, LLCATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem. Inc.	1010	36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.	89518	86-0684895		0001156039		Value Health Reinsurance, Inc.	AZ	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-8819392		0001156039		ValueOptions of Kansas, Inc.	KS	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15448	46-2053405		0001156039		ValueOptions of New Jersey, Inc.	NJ	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95799	20-1687158 75-2749263		0001156039 0001156039		ValueOptions of New Mexico, Inc.	NM TX	NIA	Beacon Health Options, Inc.	Ownership Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem, Inc.	90/99	82-3300542		0001156039		Value Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15951	47-5456872		0001156039		WellCare of Nebraska, Inc.	NE	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem Inc	N	
0671	Anthem. Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-3620996	.	0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	

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						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
							WellPoint Information Technology Services,								
0671	Anthem, Inc		45-2736438		0001156039		Inc	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	55.000	Anthem, Inc.	N	0110
0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	69.910	Anthem, Inc.	N	0103
		1													

A . ()	
Asterisk	Explanation
	Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health.
	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	50% owned by unaffiliated investors
0103	30.09% owned by unaffiliated investors
0104	25% owned by an unaffiliated investor
0105	Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability Company.
0106	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
0107	Highland Investor Holding LLC is a Limited Liability Company formed under the laws of Delaware, and is 72.48% owned by Anthem Holding Company, LLC. an Indiana limited liability company, and 27.52% owned by Highland Holdco, Inc., a Delaware corporation.
0108	Applied Pathways, LLC is a Limited Liability Company formed under the laws of Illinois, and is 53.52% owned by American Imaging Management, Inc. an Illinois limited liability company, and 46.48% owned by HEP AP Holdings, Inc., a Delaware corporation.
0109	Anthem Worker's Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.
0110	45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate) and 55% by Crossroads Acquisition Corp
0111	Massachusetts Behavioral Health Partnership is a General Partnership formed under the laws of Massachusetts, and is 50% owned by Beacon Health Options, Inc., a Virginia corporation, and 50% owned by OPTIONS Health Care, Inc., a Delaware corporation.
0112	Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)
0113	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	Explanation:	
1.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying the		
7.	Deduct current year's other than temporary impailment red salized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
-			December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parameter and symitmen lessees		
9.	Total foreign exchange change in book value/recorded investment excurse accrued atterest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,007,132	10,533,926
2.	Cost of bonds and stocks acquired	8,077,202	
3.	Accrual of discount	5, 192	8,906
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		7,500,000
7.	Deduct amortization of premium	41,371	35,700
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	11,048,155	3,007,132
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	11,048,155	3,007,132

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	uring the Current Quarter to	2	3	A Designation	5	6	7	8
	Book/Adjusted	2	3	7	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning	During	During	During	End of	End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)		3,325,963	0	(24,909)	4,877,987	0	0	1,576,933
2. NAIC 2 (a)	1,430,199	4,751,239	0	(11,270)	6, 170, 168	0	0	1,430,199
3. NAIC 3 (a)	0				0			
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)					0			
6. NAIC 6 (a)					0			
7. Total Bonds	3,007,132	8,077,202	0	(36.179)	11.048.155	0	0	3,007,132
PREFERRED STOCK								
8. NAIC 1	0				0			
9. NAIC 2	0				0			
10. NAIC 3	0				0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0				0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	3,007,132	8,077,202	0	(36, 179)	11,048,155	0	0	3,007,132

1	Book/Ad	iusted Carry	ing Va	lue column t	or the en	d of the cu	rrent reportir	na period i	ncludes th	e following	amount of s	hort-term and	d cash ed	uivalent bonds b	y NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Part 2 - Verification - Cash Equivalents

NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

			OHOW All L	ong-renn bonds and Stock Acquired buning the Current Quart					
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation
									and
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
	Description	Familia		Name of Vander		A -t1 Ot	Dan Value		
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
	INV GRD CORP ETF		02/13/2020	WallachBeth			0		2
464287-17-6 ISHARES TIPS			02/13/2020	WallachBeth	0.000	475,080		L	1
	FRM CORPORATE ETF		02/13/2020	WallachBeth	0.000	475,047	0		2
	MATURITY BOND ETF			WallachBeth	0.000			L	1
	5 YEAR USD BO ETF		02/13/2020	WallachBeth	0.000	475, 160			2
46641Q-61-3 JPM US AGG BO			02/13/2020	WallachBeth	0.000	475, 305			4
	SHORT INCOME		02/13/2020	WallachBeth	0.000	475, 103			1
	SHORT MATURITY		02/13/2020	WallachBeth	0.000	475,063			2
	TRM CORP BND ETF		02/13/2020	WallachBeth	0.000	475,501			2
	BARCLAYS INTERM		02/13/2020	WallachBeth	0.000	475,046	0		2
	BARCLAYS AGGREG			WallachBeth	0.000		0	(1
921937-82-7 VANGUARD			02/13/2020	WallachBeth	0.000	475,042	0		1
92206C-40-9 I SHARES VANGU	RD GROUP INTERM		02/13/2020	WallachBeth	0.000	475,049	0		2
92206C-77-1 VANGUARD MORT	AGE-BACKED SEC ETF		02/13/2020	WallachBeth	0.000	475, 128	0		1
92206C-81-3 VANGUARD LONG	TERM CORP BOND ETF		02/13/2020	WallachBeth		475,081	0	α	2
92206C-87-0 I SHARES VANGU	RD GROUP INTERM		02/13/2020	WallachBeth			0		2
8099999. Subtotal - Bonds	- SVO Identified Funds					8.077.204	0	(XXX
8399997. Total - Bonds - F	art 3					8,077,204	0	0	XXX
8399998. Total - Bonds - F	art 5					XXX	XXX	XXX	XXX
8399999. Total - Bonds						8,077,204	0	(XXX
8999997. Total - Preferred	Stocks - Part 3					0	XXX	(XXX
8999998. Total - Preferred	Stocks - Part 5					XXX	XXX	XXX	XXX
8999999. Total - Preferred	Stocks					0	XXX	C	XXX
9799997. Total - Common	Stocks - Part 3					0	XXX	(XXX
9799998. Total - Common	Stocks - Part 5					XXX	XXX	XXX	XXX
9799999. Total - Common	Stocks					0	XXX	C	XXX
9899999. Total - Preferred	and Common Stocks					0	XXX	(XXX
9999999 - Totals						8.077.204	XXX	(XXX

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1	es lending collateral assets reported in aggregate on l	3	4	5	6	7
			NAIC Designation and			
CUSIP			Administrative		Book/Adjusted	
entification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Da
	I - U.S. Government Bonds			0	0	XXX
	I - All Other Government Bonds I - U.S. States, Territories and Possessions Bonds			0	0	XXX
	I - U.S. Political Subdivisions Bonds			0	0	XXX
	- U.S. Special Revenues Bonds	_		0	0	XXX
64P-EV-3 64P-EW-1	GOLDMAN SACHS BANK USA GOLDMAN SACHS BANK USA		11	4,903 4,903	4,971 4,971	02/22/2021
99999. Subto	otal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issu	er Obligations	<u> </u>	9.806	9.942	XXX
	I - Industrial and Miscellaneous (Unaffiliated) Bonds	J		9,806	9,942	XXX
	l - Hybrid Securities			0	0	XXX
	I - Parent, Subsidiaries and Affiliates Bonds			0	0	XXX
	otal - SVO Identified Funds otal - Unaffiliated Bank Loans			0	0	XXX
	I - Issuer Obligations			9,806	9.942	XXX
	I - Residential Mortgage-Backed Securities			0	0	XXX
99999. Total	l - Commercial Mortgage-Backed Securities			0	0	XXX
	- Other Loan-Backed and Structured Securities			0	0	XXX
	I - SVO Identified Funds			0	0	XXX
	l - Affiliated Bank Loans I - Unaffiliated Bank Loans			0	0	XXX
99999. Total				9,806	9.942	XXX
	I - Preferred Stocks (Schedule D, Part 2, Section 1 type)			0	0	XXX
99999. Total	I - Common Stocks (Schedule D, Part 2, Section 2 type)			0	0	XXX
	- Preferred and Common Stocks	-		0	0	XXX
IQ-K6-6 SJ-HT-6	LIMA AMERICAS LLC UBS AG LONDON			5,910 19,884	5,932 19,884	10/06/2020
	I - Short-Term Invested Assets (Schedule DA type)		ļ	25,794	25,816	XXX
0-00-0	National Westminster Bank PLC			9,946	9,942	04/14/2020
00-00-0 00-00-0	Mitsubishi UFJ Trust & Bank Co CREDIT AGRICOLE SA LONDON				9,916 3,977	06/09/2020
00-00-0	RABOBANK LONDON			4,971	4,971	01/08/2021
00-00-0 00-00-0	AUSTRALIA NEW ZEALAND BK GC				9,942 3,977	04/09/2020
0-00-0	SHINKIN CENTRAL BANK			9,942	9,942	04/20/2020
0-00-0	SUMITOMO MITSUI BANK CORP SYD OBU			9,942	9,942	04/27/2020
00-00-0 F-HB-6	UNITED OVERSEAS BANK LTD, NY BNP PARIBAS, NY				9,942 3,977	04/28/2020
F-UF-2	BNP PARIBAS, NY			3,917	3,977	02/11/2021
F-UK-1 X-RR-4	BNP PARIBAS, NY				3,977 9,942	02/12/2021
1X-SQ-5	BANCO DEL ESTADO DE CHILE NY			5,923	5,965	08/28/2020
7B-GQ-67B-HT-9	BANK OF MONTREAL CHICAGO			5,894	5,965 3,977	11/13/2020
DR-2T-5	BANK OF MONTREAL CHICAGO			13,838		
)R-R9-2)R-Y4-5	BANK OF MONTREAL CHICAGO BANK OF MONTREAL CHICAGO			3,965	3,977 9,942	07/10/2020
7M-AC-9	BANK OF NOVA SCOTIA HOUSTON					08/06/2020
7M-BN-4	BANK OF NOVA SCOTIA HOUSTON			9,882	9,942	09/08/2020
2T-RC-2 6B-4Q-6	BARCLAYS NEW YORK CIBC NY				5,965 13,919	05/08/2020
6C-6U-3	CIBC NY			9,794	9,942	02/26/2021
5A-XY-9 4L-6B-3	CHINA CONSTRUCTION BANK CORP NY			23,859 5,926		05/11/2020
2X-NY-0	CREDIT AGRICOLE CIB, NY			10,818	10,936	01/29/2021
6U-YY-0 IL-WH-4	CIC NY			9,830 9,930	9,942 9,942	02/12/2021
9W-4W-3	MUFG Bank Ltd, New York Branch			7,988	8,018	10/15/2020
OT-BB-5 3B-ZH-9	MUFG Bank Ltd, New York Branch MIT UFJ TR NY			3,977	3,977 3,977	08/03/2020
3B-ZH-9 3Q-EW-0	NATIXIS NY			3,982	3,977	06/26/2020
2U-QD-0	ROYAL BANK OF CANADA NY			19,782	19,884	07/08/2020
)P-EP-0 9X-DA-3	SKANDI NEW YORK SOCIETE GENERALE NEW YORK			9,882 3,940	9,968 3,977	10/02/2020
9Y-5Q-5	SOCIETE GENERALE NEW YORK			5,946	5,965	06/19/2020
)Y-6E-1 5V-3U-2	SOCIETE GENERALE NEW YORK STANDARD CHARTERED NY			9,892 9,889	9,942 9,942	08/14/2020
V-4G-2	STANDARD CHARTERED NY			9,884	9,942	08/26/2020
B-4G-3 B-4G-3	SUMITOMO BK NY			5,934 3,956	5,966 3,977	08/03/2020
J-7M-5	SVENSKA NY			13,880	13,919	06/05/2020
R-DT-4 R-FP-0	SVENSKA NY SVENSKA NY				9,942 5,950	12/03/2020
H-FP-0 D-KE-9	UNION BANK OF SWITZERLAND, STAMFORD			5,89813,919	13,919	11/30/2020
K-DE-1	WELLS FARGO BANK SAN FRANCISCO N.A.				9,942	08/20/2020
A-DQ-8 A-DX-3	WESTPAC BKG CORP, NEW YORK			3,9809,875	4,007 9,942	04/22/2020
9999. Total	l - Cash (Schedule E Part 1 type)			407,948	409,692	XXX
0-00-0 0-00-0	NATIXIS FINANCIAL PRODUCTS LLC					04/01/2020
0-00-0	UNITED OF OMAHA LIFE INSURANCE			9,942	9,942	04/30/2020
0-00-0	UNITED OF OMAHA LIFE INSURANCE			3,978	3,977	04/30/2020
0-00-0 0-00-0	CITIGROUP GLOBAL MARKETS INC CITIGROUP GLOBAL MARKETS INC				19,884 .39,768	05/05/2020
0-00-0	CITIGROUP GLOBAL MARKETS INC			19,885	19,884	05/05/2020
)0-00-0 52-88-5	CITIGROUP GLOBAL MARKETS INC			19,884 19,884	19,884 19,885	05/05/2020
1-12-6	WELLS FARGO GOVT FD LEX			19,884	19,884	04/01/2020
3G-EU-3	BCO SANTANDER CH SA, CHILE BRANK OF CHINA HONG KONG REANCH			5,949 13.893	5,947 13,853	05/28/2020
9Q-ED-5 7A-70-3	BANK OF CHINA, HONG KONG BRANCH FIDELITY INST GOVT LEX			13,893	13,853	05/13/2020
1W-27-3	Goldman Sachs Fin Square Govt Fd			13,919	13,919	04/01/2020
<u>2L-EN-7</u>	VERSAILLES COMMERCIAL PAPER LLC			1,984	1,981	05/22/2020
10000 Total			· ·	258,863	258,815	XXX

SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS Reinvested Collateral Assets Owned Current Statement Date Resident included on School upo A. R. RAD. D. R. and E. and not reported in aggregate on

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation and Administrative Symbol	Fair Value	Book/Adjusted Carrying Value	Maturity Date
			-			
			\	••••••		
			\			
						·····
		<i>.</i>				
			•			•••••
9999999 - Tota	s		•			XXX

Genera	i interrogatories.		
1.	Total activity for the year	Fair Value \$	Book/Adjusted Carrying Value \$
2.	Average balance for the year	Fair Value \$	Book/Adjusted Carrying Value \$

SCHEDULE E - PART 1 - CASH Month End Depository Balances

1	_		End Depository		D. J. D.		. 1. 1.4	_
1	2	3	4	5		lance at End of Each		9
						uring Current Quar		
			Amount of	Amount of	6	7	8	
			Interest Received	Interest Accrued				
5 "		Rate of		at Current				*
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	~
101 S. Tryon Street, 19th								
Floor, Charlotte, NC 28255								
Bank of America		0.000	0	0	(4,842,354)	1,731,088	(1,253,475)	xxx.
4 New York Plaza, 13th								
JP Morgan Chase Floor, New York, NY 10004		0.000	0	0	8, 154, 239	93,300	121,257	XXX
0199998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	3,311,885	1,824,388	(1,132,218)	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	3,311,885	1,824,388	(1,132,218)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	· · · · · · · · · · · · · · · · · · ·							
	·							
	· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·							
0599999. Total - Cash	XXX	XXX	0	0	3,311,885	1,824,388	(1,132,218)	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE